

Chart 1

Monthly Insurance Rates For Active Employees

Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental/Vision Coverage

Rates For Monthly Payroll Deduction, and Direct Payment Purposes

Effective For The Premium Due July 1, 2006

Type Of Coverage	Premium Amount To Be Deducted on Payroll				Full Cost Premium	
	Premium	For	Active	Employees		
<b>Dental/Vision Coverage:</b>	<b>Individual Coverage</b>		<b>Family Coverage</b>		<b>Individual</b>	<b>Family</b>
Indemnity Plan		\$4.96		\$15.36	\$33.04	\$102.37
PPO Plan		3.52		10.91	23.49	72.74
	For Employees Hired On or before June 30, 2003		For Employees Hired After June 30, 2003		Full Cost Premium	
<b>Basic Life \$5,000 Coverage Only</b>	\$1.03		\$1.37		\$6.85	
<b>Health Plan Costs (Including Basic Life \$5,000 Insurance)</b>	<b>Individual Coverage</b>	<b>Family Coverage</b>	<b>Individual Coverage</b>	<b>Family Coverage</b>	<b>Individual Coverage</b>	<b>Family Coverage</b>
Commonwealth Indemnity Plan Basic with CIC	\$127.00	\$294.74	\$159.18	\$369.43	\$674.07	\$1,564.52
Commonwealth Indemnity Plan Basic without CIC	96.54	224.08	128.72	298.77	643.61	1,493.86
Commonwealth Indemnity Plan Community Choice	47.96	113.59	63.95	151.45	319.74	757.27
Commonwealth Indemnity Plan PLUS	68.81	162.71	91.74	216.94	458.71	1,084.69
Fallon Community Health Plan-Direct Care	52.75	125.08	70.32	166.77	351.62	833.85
Fallon Community Health Plan-Select Care	62.07	145.84	82.75	194.45	413.75	972.27
Harvard Pilgrim Independence Plan	68.60	164.38	91.47	219.17	457.34	1,095.87
Health New England	55.35	135.62	73.79	180.82	368.96	904.12
Navigator by Tufts Health Plan	68.53	164.85	91.37	219.79	456.86	1,098.96
NHP Care	55.67	145.74	74.23	194.32	371.13	971.61
NHP Community Care	50.86	132.99	67.81	177.31	339.04	886.55

CIC: Catastrophic Illness Coverage

Individual CIC: \$30.46/month

Family CIC: \$70.66/month